

STADIUM EVENT REQUEST FORM



A. Applicant Information			
Applicant Name:	Organization Name:		
Applicant Address:	Applicant Date	Applicant Date of Birth (MM/DD/YY):	
Citv:	State:	Zip:	
ency.	state		
Phone:	_Fax:Em	nail:	
B. Event Information Date(s) of Event:	Event Times:		
Time of Event Setup:	_Time of Event Breakdown:	Field Dimensions:	
Event Name:	Sport:	Estimated Number of Attendees:	
Age Group:	Paid Admission (Y/N):	Streaming (Y/N):	
C. Event Details Please indicate which of the following items y			
Booths/Vendors/Merchandise Canopies/Tents	Additional Fencing Scaffolding	PA System Videographer	
Please indicate which of the following items y	ou are requesting from the Sportsplex:		
Team Locker Rooms Officials Locker Room	Conference Room Scoreboard	Press Box Internet	
The Sportsplex will coordinate all food vendors – Do you want to request a specific food vendor at your event? Please circle one: YES NO			
Comments			
	ld the County, its agents, and employees h	lenburg County Sportsplex and agree on behalf of my narmless from and against any and all costs, expenses ation is NOT a guarantee of event approval.	
Sign Name:	Date:		
card(s) information on fil I hereby authorize Mecklenburg	g County Park and Recreation Departm e and charge payments to my card (s) g County to charge my credit card(s) fo en due and provide me a receipt for al	for athletic facility reservations. or an athletic facility rental payment (s)	
Print Name:			
Sign Name:	_	Date:	